

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039152

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 13 1963

Primary Registration District No.

3008

Registrar's No.

322

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		c. CITY OR TOWN Lewistown	
Length of stay in 1b 17 mos		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Fulton State Hospital		d. STREET ADDRESS (If outside, give location) Lewistown	
HOSPITAL OR INSTITUTION		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Charles Ferdinand Peacock			4. DATE OF DEATH Month November Day 9 Year 1963		
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/14/90	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad section		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Williamstown, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robin Peacock		13b. MOTHER'S MAIDEN NAME Martha E. Fishback	
14. NAME OF HUSBAND OR WIFE Mrs. Anke Telletta P		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. Hospital records Fulton, Mo	
17. INFORMANT Hospital records		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure = Coronary insufficiency DUE TO (b) Hypertension (Arterial Stenosis + insufficiency) DUE TO (c) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome = psychosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from June 1, 1962 to Nov. 9, 1963 and last saw her alive on Nov. 9, 1963	
Death occurred at 11:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Elmer C. Jackson MD	(Degree or title)	22b. ADDRESS Fulton State Hospital	22c. DATE SIGNED 11/9/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-12-63	23c. NAME OF CEMETERY OR CREMATORY Giliad Cemetery	23d. LOCATION (City, town, or county) (State) Lewis County, Mo.
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24. FUNERAL DIRECTOR Coder's Funeral Home	ADDRESS Lewistown, Mo	25. DATE RECD. BY LOCAL REG. Nov. 9 - 1963	26. REGISTRAR'S SIGNATURE Maretha Lawrence
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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS, ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0147

2 0560

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12 73-0

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NOV 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Thomas W. Emmons

Licensed Embalmer No. 5060

P. O. Address Fulton, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.